PART B - FEE(S) TRANSMITTAL

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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 11/03/2009 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. HANLEY, FLIGHT & ZIMMERMAN, LLC 150 S. WACKER DRIVE **SUITE 2100** CHICAGO, IL 60606 Joseph Τ. Jasper (Denositor's name) Joseph Τ Jasper/ (Signature) Januarv 19 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. ----10/815.395-----04/01/2004 Marcus Braun 04265398 7589 TITLE OF INVENTION: SURGICAL INSTRUMENT APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE DATE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE nonprovisional NO \$1510 \$0 \$1400 \$1510 02/03/2010 EXAMINER ART UNIT CLASS-SUBCLASS Journal Com PEFFLEY, MICHAEL F 3739 606-001000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Hanley, Flight & (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Zimmerman, LLC (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tuebingen Scientific Surgical Products, GmbH Tuebingen/Germany Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fec(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) YES Issue Fec ☐ Electronic Funds Transfer Publication Fee (No small entity Permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge \$110.00 and overpayment, to Deposit Account Number 50 - 2455 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status and status above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1,27(g)(2)...... NOTE: The Issue Fee and Publication Fee frequired) will not be accepted from anyone other than the applicant frequency or agent or other party interest as shown by the records of the United Lates Patent and Trademark Office. 1510.00 DA Authorized Signature /Josephan Date January 19, 2010 Jasper/ Jose**南流**當 Registration No. 50, 833 Jasper Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed [35] U.S.C. 122 and 37 CFR 1.14. 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